



2019-20 MITE U8 REGISTRATION FORM

Mon Valley Youth Hockey Association
PO Box 772, Belle Vernon, PA 15012
Website: www.mvthunder.com

PLAYER INFORMATION (Please Print)

NAME: _____ Birth Date: ____/____/____
Last First Middle Mo Day Year

ADDRESS: _____
Street City State Zip Code

JERSEY # _____ (Jersey's will not be ordered w/out payment)
IF NEW TO MV CHOOSE 3 #'S _____ Fee paid check# _____

2019/2020 USA HOCKEY REGISTRATION IMR# _____ (Can NOT take ice without)

EXPERIENCE: This MUST be completed in FULL for the last 3 seasons (If no experience check here___)

2018-19 ORGANIZATION _____	LEVEL (EX: BLUE, WHITE OR RED) _____	(DEVELOPMENTAL, LITTLE PENS) _____
2017-18 ORGANIZATION _____	LEVEL (EX: BLUE, WHITE, RED) _____	(DEVELOPMENTAL, LITTLE PENS) _____
2016-17 ORGANIZATION _____	LEVEL (EX: BLUE, WHITE, RED) _____	(DEVELOPMENTAL, LITTLE PENS) _____

PARENT INFORMATION

PARENT/GUARDIAN _____ Relationship: _____

Cell Phone# _____ EMAIL _____@_____

PARENT/GUARDIAN _____ Relationship: _____

Cell Phone# _____ EMAIL _____@_____

I AM INTERESTED IN COACHING _____ Head Coach _____ Assistant _____ Team Manager _____

Mon Valley Registrar section:

Commitment Fee: PD _____ Check# _____